NOTICE OF ACTION

COUNTY OF

STATE OF CALIFORNIA
HEALTH AND HUMAN SERVICES AGENCY
CALIFORNIA DEPARTMENT OF SOCIAL SERVICES

						CALIFORNIA DEPARTI	MENT OF SOCIAL SERVICES
(Continued)		Notice Case	Date :				
Overpayment Amount Owed		Name	:				
(For Overpayments Occurring on or after 1-1-98))	Numb	er :				
(· · ·), · · · · · · · · · · · · · · ·		Worke					
		Name					
		Numb	er :				
Overpayment Month and Year:							
A) Net Countable Income	•						
Total Business Income Business Expenses	\$						
A. 40% Standard OR	_						
B. Actual	_						
Net Earnings from Self Employment	_						
Total Disability-Based Unearned Income	_						
(Assistance Unit (AU) + Non Assistance							
Unit (Non-AU) Members)	\$						
\$225 Disregard	-			_			
Nonexempt Unearned Disability-Based Income OR	=						
Unused Amount of \$225 Disregard	=						
Total Earned Income	\$						
	+						
Net Earnings from Self-Employment (from above)	•						
Subtotal	=						
Unused Amount of \$225 Disregard	-						
Earned Income Disregard 50%	-						
Nonexempt Unearned Disability-Based							
Income (from above) Other Nonexempt Income (AU + Non-AU	+			_			
Members)	+						
Net Countable Income	=						
B) Correct Cash Aid Payment							
Maximum Aid Payment (# persons) \$ Amount		() ()		()		()	()
(AU + Non-AU Members)				_ `			\ <u></u>
Special Needs (AU + Non AU Members)	+			_			
Net Countable Income	-			_			
Subtotal A	=						
Marrian and Aid Davins and (All Only)	Φ						
Maximum Aid Payment (AU Only)	\$						
Special Needs (AU Only)	+			_			
Subtotal B	=						
Correct Cash Aid Amount (Lesser of Subtotal A or B)	\$						
_ ` '	Φ						
Child Support Penalty Adjustment 25% Child Support Penalty	_						
Subtotal C D) Adjustments	=			= =====			
a. Additional 25% Child Support Penalty	_						
b. Overpayment	_						
• •							
c. Cal-Learn Penalty	_						
d. Cal-Learn Bonus	+						
Adjusted Cash Aid: Subtotal D	=			_			
(E) Overpayment							
Cash Aid Paid to You	\$						
Correct Cash Aid Amount with Adjustments	_						
Subtotal E	=			_			
F Cash Aid Paid to You	\$			_			
\mathcal{I}	φ						
Support Payments Collected for You	-						
Subtotal F	=						
Amount of Overpayment for Each Month	=			_			
(Lesser of Subtotal E or F)							
				TOTAL (OVERPAYM	ENT (All Months)	\$

Rules: These rules apply; you may review them at your Welfare Office: MPP 44-352

State Hearing: If you think this action is wrong, you can ask for a hearing. The back of Page 1 tells how.